

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90074 011 ***150.00

DOCUMENT # F04000003753

1. Entity Name
SUMMIT TECHNOLOGIES SALES, INC.



Principal Place of Business
**649 FIFTH AVENUE SOUTH
SUITE 208
NAPLES, FL 34102**

Mailing Address
**4201 CONGREE STREET
SUITE 410
CHARLOTTE, NC 28209**

DO NOT WRITE IN THIS SPACE



04172007 No Chg-P CR2E034 (11/05)

4. FEI Number
34-1617385

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PC
HOUSE, E. MICHAEL
6610 ESTERO BLVD, UNIT #724
FORT MYERS BEACH, FL 33931**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
REAM, LANCE R
2228 MIROW PLACE
CHARLOTTE, NC 28270**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
ELLIS, STEPHEN C
4730 SHERWIN ROAD
WILLOUGHBY, OH 44094**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ALBRIGHT, RICHARD C
86 CONCORD ROAD
WAYLAND, MA 01778**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MILLER, WILLIAM A
40 CAMINO DEL VALLE
SANTA FE, NM 87506**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/07

704-887-6709